

# MUNICIPAL SOLID WASTE PROCESSING FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.) Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

## SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> Superior Lubricants Co., Inc			
<b>FACILITY LOCATION ADDRESS:</b> 32 Ward Rd.	<b>FACILITY CITY:</b> North Tonawanda	<b>STATE:</b> NY	<b>ZIP CODE:</b> 14120
<b>FACILITY TOWN:</b> North Tonawanda	<b>FACILITY COUNTY:</b> Niagara	<b>FACILITY PHONE NUMBER:</b> (716) 693-8412	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Niagara			<b>NYSDEC REGION #:</b> 9
<b>360 PERMIT #:</b> (Refer to DEC Permit) 32R10001	<b>DATE ISSUED:</b> 7/26/2018	<b>DATE EXPIRES:</b> 7/26/2023	<b>NYS DEC ACTIVITY CODE:</b> (Refer to DEC Permit) 32M14
<b>FACILITY CONTACT:</b> Joe Dunworth	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> (716) 260-1721	<b>CONTACT FAX NUMBER:</b> (716) 695-9087
<b>CONTACT EMAIL ADDRESS:</b> jcdunworth@superiorlubricants.com			
OWNER INFORMATION			
<b>OWNER NAME:</b> 32 Ward Rd LLC	<b>OWNER PHONE NUMBER:</b> (716) 693-8412	<b>OWNER FAX NUMBER:</b> (716) 695-9087	
<b>OWNER ADDRESS:</b> 32 Ward Rd.	<b>OWNER CITY:</b> North Tonawanda	<b>STATE:</b> NY	<b>ZIP CODE:</b> 14120
<b>OWNER CONTACT:</b> Joe Dunworth	<b>OWNER CONTACT EMAIL ADDRESS:</b> jcdunworth@superiorlubricants.com		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2019?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

**SECTION 2 - MATERIAL RECEIVED**

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:

100% Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
use oil filters		15.35	14.98	19.14	14.81	26.8	14.13	13.96

Total Tons Received		15.35	14.98	19.14	14.81	26.8	14.13	13.96
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Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Other (specify)							
used oil filters	18.21	17.99	.44	⊘	⊘	155.84	.42
Total Tons Received	18.21	17.99	.44	⊘	⊘	155.84	.42

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



## SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							
Other (specify)							
Used oil filter collection	15.35	14.98	19.14	14.81	26.8	14.13	13.96
<b>Total Tons Received</b>	<b>15.35</b>	<b>14.98</b>	<b>19.14</b>	<b>14.81</b>	<b>26.8</b>	<b>14.13</b>	<b>13.96</b>

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)								
Other (specify)								
Used oil filter collection		18.21	17.99	.44	0	0	155.84	<del>.44</del> .42 <i>ACD</i>
<b>Total Tons Received</b>		<b>18.21</b>	<b>17.99</b>	<b>.44</b>	<b>0</b>	<b>0</b>	<b>155.84</b>	<b>.44</b> .42 <i>ACD</i>

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

	Jan-19	January Total Lbs	Feb-19	February Total Lbs	Mar-19	March Total Lbs	Apr-19	April Total Lbs	May-19	May Total Lbs	Jun-19	June Total Lbs	Jul-19	July Total Lbs	Aug-19	August Total Lbs	Sep-19	September Total Lbs	Oct-19	October Total Lbs	Nov-19	Dec-19	TOTAL	Grand Total Lbs
FFD	91	27,027	93	27,621	112	33,264	93	27,621	176	52,272	85	25,245	85	25,245	108	32,076	111	32,967	3	891	0	0	957	284,229
FFT	11	3,685	7	2,345	15	5,025	6	2,010	4	1,340	9	3,015	8	2,680	13	4,355	9	3,015	0	0	0	0	82	27,470
		30,712		29,966		38,289		29,631		53,612		28,260		27,925		36,431		35,982		891	0	0		311,699
		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs		/ 2000 lbs	0	0		/ 2000 lbs
		15.35 Tons		14.98 Tons		19.14 Tons		14.81 Tons		26.80 Tons		14.13 Tons		13.96 Tons		18.21 Tons		17.99 Tons		.44 Tons	0	0		155.84 Tons
																								/ 365 days
																								.42 avg per day
																								in tons

FFD - Full Filter Drum

FFT - Full Filter Tote

### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

- If the material *WAS* received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the material *WAS NOT* received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county and planning unit/municipality where the material was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Material(s): OIL FILTERS % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

#### SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Other (specify)					
<u>OIL FILTERS</u>	<u>ECOMAX 1701 SHERRICK Rd. SE CANTON, OH 44707</u>	<u>OHIO</u>	<u>STARK</u>	<u>9</u>	<u>155.84</u>
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<u>155.84</u>

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

**SECTION 4 – RESIDUE**

Total residue (tons) =   2   Residue destination (Name & Address) \_\_\_\_\_  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS**

Please identify destination of recyclable materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Material(s): OIL FILTERS \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

**PAPER RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)	<u>ECOMAX</u>	<u>OHIO</u>	<u>STARK</u>	<u>9</u>	<u>155.84</u>
<u>OIL FILTERS</u>	<u>1701 SHERRICK Rd. SE, CANTON, OH 44707</u>				
<b>TOTAL PAPER RECOVERED (tons):</b>					<u>155.84</u>

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

**GLASS RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					

TOTAL GLASS RECOVERED (tons): \_\_\_\_\_

**METAL RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	<i>ECOMAX</i>	<i>OHIO</i>	<i>STARK</i>	<i>9</i>	<i>155.84</i>
<i>OIL FILTERS</i>	<i>1701 SHERRICK RD. SE</i>				
	<i>CANTON, OH 44707</i>				

TOTAL METAL RECOVERED (tons): *155.84*

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)	N/A				
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMNUM - cans - w hole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMNUM - cans - flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - w hole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC - PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompactd	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compactd	1 cubic yard	0.5 tons
NEWSPRINT - compactd	1 cubic yard	0.43 tons	PLASTIC - HDPE - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans w hole	1 cubic yard	0.08 tons
			PLASTIC - mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons



**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

MIXED MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)	N/A				
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons): \_\_\_\_\_

MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	N/A				
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

### SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes  No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

#### Radiation Monitoring

Does your facility use a fixed radiation monitor?  Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

Does your facility use a portable radiation monitor?  Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

### SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes  No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

**SECTION 8 – PROBLEMS**

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes  No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

**SECTION 9 – CHANGES**

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes  No If yes, attach additional sheets identifying changes with a justification for each change.

**SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS**

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes  No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

  
Signature

2/27/2020  
Date

Joseph C. Dunworth  
Name (Print or Type)

Operations Supervisor  
Title (Print or Type)

716 260 1721  
Phone Number

32 Ward Rd.  
Address

North Tonawanda  
City

NY 14120  
State and Zip

jcdunworth@superiorlubricants.com  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)